Churchville Recreation Council

Mirage Twirling Corp





Fall Baton Twirling Lessons 2016

Come and learn to twirl!
For new and experienced twirlers
Classes begin Mid-September
12 weeks of Tuesday classes
Held at the Churchville Recreation Center

*E-mail registration to: czlvs2twrl@gmail.com

*payment due at first class

Churchville Recreation Cente

Mail-in: Churchville Recreation Center

111 Glenville

Churchville, MD 21028 (Registration form will be on our website)

Cost: \$100 per child per 12 weeks

Questions? Email Christine at czlvs2twrl@gmail.com

Class List

- 6:00-6:45 p.m. Teach Me to Twirl Ages 4-8 For very young twirlers or new twirlers with no experience. Learn all the basics!
- 6:50-7:50 p.m. Beginner Baton Level I Ages 8+ For experienced twirlers (new twirlers over age 8 will start in the Teach Me to Twirl class until they are ready to move to the Beginner Class)
- Beginner Baton Level 2 and beyond classes will be added as needed.



			Barry Glassman County Executive
	REGISTRATION	••••••••••••	
Child's Name	Date of Birth	Age	Phone
Address	City, State, Zip		
Emergency Name & Phone Class Name	Medical conditions? Has your child enrolled in a Churchville Rec. Council program earlier this year? If so, which?		
cials, agents, officers, and employees, f I understand that there is an inherent ris physically capable of participating. I v standing of the Concussion Information may have on an athlete. This can be for Arrest, HB 427, which requires that a	DISCLOSURE STATEM Harford County, Maryland, a body corporate and from all liability arising from any harm or injury, sk involved in any program. I certify, by my sign will make the instructors aware of any allergies and, SB771/HB858, which requires that all parents and at the Center for Disease Control, www.cdc.st ll parents and athletes be made aware of the daytopics/scda. Further information on both can be	I politic of the State of including death, sustain nature, that I understant and/or medical problems/guardians and athlete gov/headsup/youthsportangers that sudden can	aned by me while participating in this program. In this and agree. I also certify that my child is as. By my signature I acknowledge my underest be made aware of the dangers a concussion trs/index.html. Also the Sudden Cardiac rdiac arrest may have on an athlete, found at
Parent's Name	Signature		Date
Please	make checks payable to the Churchville Recreation	on Council and drop of	ff or mail in to:
			t t

Churchville Recreation Office 111 Glenville Road Churchville, MD 21028 www.harfordcountymd.gov/225/Parks-Recreation www.churchvillereccouncil.org (410)638-3853